

Jeremy Pinson # 1626T-064
Name and Prisoner/Booking Number
USP Tucson
Place of Confinement
PO Box 24550
Mailing Address
Tucson AZ 85734
City, State, Zip Code

FILED

JAN 03 2023

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY V
DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Jeremy Pinson
(Full Name of Plaintiff) Plaintiff,

v.

(1) Federal Bureau of Prisons
(Full Name of Defendant)

(2) M-Rios

(3) T. Hinckle

(4)
Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:23-cv-00006 EFB (PC)
(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

- ☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

- ☐ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☒ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____

2. Institution/city where violation occurred: Stockton, CA

B. DEFENDANTS

1. Name of first Defendant: Federal Bureau of Prisons. The first Defendant is employed as:
Federal Agency at Western Regional Office.
(Position and Title) (Institution)
2. Name of second Defendant: M. Rios. The second Defendant is employed as:
Regional Director at Western Regional Office.
(Position and Title) (Institution)
3. Name of third Defendant: L. Hinkle. The third Defendant is employed as:
Regional Director at Western Regional Office.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? Hundreds. Describe the previous lawsuits:

a. First prior lawsuit:

1. Parties: _____ v. _____
2. Court and case number: _____
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

b. Second prior lawsuit:

1. Parties: _____ v. _____
2. Court and case number: _____
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

c. Third prior lawsuit:

1. Parties: _____ v. _____
2. Court and case number: _____
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: Violation of the 8th Amendment

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

The defendant BOP is a federal agency having custody of the plaintiff. The BOP is split into several regions that supervise, train and discipline staff in multiple states. The BOP Western region encompasses both Arizona and California where plaintiff has been housed since late 2020. Plaintiff is transgender and at increased risk of sexual and physical abuse. Plaintiff has complained to Hinckle and Rios verbally and in writing about the abuse and neglect of BOP officials in both Arizona and California. Instead of helping her, BOP, Hinckle and Rios ignored plaintiff's numerous pleas and allegations of the misconduct of staff resulting in more than 5 serious assaults on her resulting in hospitalization. At present plaintiff was attacked once by inmate Tyrone Brown who continues to have physical access to plaintiff, possesses and brandishes weapons, and threatens to rape her daily. BOP, Hinckle and Rios continuously fail to execute their duties under 28 CFR 115.62 and 115.67 in regards to. Complaints to them about the ongoing physical and sexual abuse.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Repeatedly beaten, fractured nose, black eyes, bruises, moderate concussion, suicidal ideation, PTSD, depression, anxiety, Violated constitutional rights.

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- c. Did you appeal your request for relief on Claim I to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Staff threatening me and throwing away my mail directed to Western Regional Office

CLAIM II

1. State the constitutional or other federal civil right that was violated: Violation of the 8th Amendment

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Same as Claim One. Plaintiff has a lengthy history of mental illness with numerous near lethal suicide attempts. Segregated housing exacerbates her existing mental health issues by worsening her PTSD, depression, thoughts of suicide. Complaints orally and in writing to BOP, Hinckle and Rios about segregating Plaintiff in persons within their region in California and Arizona were largely ignored and no action was taken to help plaintiff who was left in solitary confinement or segregation for years with minor breaks. For every 3 days of plaintiff's life have now been in a segregated housing or solitary confinement. While BOP has policies intended to reduce the use of segregation on the mentally ill neither Hinckle nor Rios has acted upon numerous pleas for help in her long-term segregation with no psychiatrist to monitor her medications nor any release from SHU within sight in violation of multiple BOP policies they have ignored.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

My life is hell in SHU I feel suicidal every day in SHU and no one cares when I try to kill myself.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Same as Count One

CLAIM III

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation
☐ Excessive force by an officer ☐ Threat to safety ☐ Other: _____

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

[illegible]

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

- ## 5. Administrative Remedies.

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

1. Damages in an amount to be proven at trial, or \$1.00
2. Injunction enjoining BOP from continuing to house the mentally ill in Segregation or Solitary confinement at any BOP facility systemwide for longer than 60 days.
3. Award costs and fees.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

12-21-22

DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.